

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

DC4979

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|---------------------------------|--------------------------|
| TOTAL CLAIMS | <i>20</i> | <input type="checkbox"/> |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | <i>20</i> minus 20 = * <i>0</i> | <input type="checkbox"/> |
| INDEPENDENT CLAIMS | <i>2</i> minus 3 = * <i>D</i> | <input type="checkbox"/> |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

| | | | |
|-----------|--------|--------------|------------|
| RATE | Fee | RATE | Fee |
| BASIC FEE | 370.00 | OR BASIC FEE | 740.00 |
| X\$ 9= | | X\$18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL | | OR TOTAL | <i>740</i> |

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

| AMENDMENT A | (Column 1) | | (Column 2) | (Column 3) |
|--|---|-------|---|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | |

SMALL ENTITY

OTHER THAN
OR SMALL ENTITY

| | | | |
|------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | X\$18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| AMENDMENT B | (Column 1) | | (Column 2) | (Column 3) |
|--|---|-------|---|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | |

RATE ADDITIONAL FEE

RATE ADDITIONAL FEE

| | |
|------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

| AMENDMENT C | (Column 1) | | (Column 2) | (Column 3) |
|--|---|-------|---|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | |

RATE ADDITIONAL FEE

RATE ADDITIONAL FEE

| | |
|------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.